

## Supplemental Application Data Sheet

### **Application Information**

Application number:: 10/590,900  
Filing Date:: 08/28/06  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: Not Yet Assigned  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: A METHOD OF PROVIDING A PURIFIED,  
VIRUS SAFE ANTIBODY PREPARATION  
Attorney Docket Number:: 37998-237524  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: 1  
Total Drawing Sheets:: 3

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Andrea
Family Name::	Buchacher
City of Residence::	Wien
Country of Residence::	AT
Address-1 of Mailing Address::	<u>Salierigasse 18/5 Thimiggasse 25/11</u>
Address-2 of Mailing Address::	
City of Mailing Address::	Wien
State of Mailing Address::	
Postal Code of Mailing Address::	A-1180
Country of Mailing Address::	AT
Applicant Authority Type::	Inventor
Primary Citizenship Country::	AT
Status::	Full Capacity
Given Name::	Günther
Family Name::	Iberer
City of Residence::	Vösendorf
Country of Residence::	AT
Address-1 of Mailing Address::	Lindengasse 5/5/8
Address-2 of Mailing Address::	
City of Mailing Address::	Vösendorf
State of Mailing Address::	
Postal Code of Mailing Address::	A-2331
Country of Mailing Address::	AT

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Austria  
Status:: Full Capacity  
Given Name:: Jürgen  
Family Name:: Römisch  
City of Residence:: Gramatneusiedl  
Country of Residence:: AT  
Address-1 of Mailing Address:: Beerengasse 1  
Address-2 of Mailing Address::  
City of Mailing Address:: Gramatneusiedl  
State of Mailing Address::  
Postal Code of Mailing Address:: A-2440  
Country of Mailing Address:: AT

### **Correspondence Information**

Correspondence Customer Number:: 26111 26694  
Phone number:: (202) 344-4000  
Fax number:: (202) 344-8300  
E-Mail address:: ptomail@venable.com

### **Representative Information**

Representative Customer Number:: 26694

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	This is a National Stage of	PCT/EP2005/050812	February 25, 2005
60/548,107	An application claiming the benefit under 35 USC 119(3)		February 27, 2004

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

**Assignee Name::** Octapharma AG  
**Street of Mailing Address::** Siedenstrasse 2  
**City of Mailing Address::** Lachen  
**State or Province of Mailing Address::**  
**Country of Mailing Address::** CH  
**Postal or Zip Code of Mailing Address::** CH-8853